



Town of Owls Head

Employment Application

Please mail or bring your completed application to:

Owls Head Town Office

224 Ash Point Dr

Owls Head, ME 04854

Resumes may be attached but will not be accepted in lieu of a completed application.

APPLICANT INFORMATION

NAME: Last:			First:			Middle:		
Name(s) used previously:								
ADDRESS:								
City:			State:			Zip Code:		
PHONE #: Day:			Night:			Cell:		
POSITION YOU ARE APPLYING FOR:								
DRIVER'S LICENSE # & STATE OF ISSUANCE:					CLASS:		EXPIRATION DATE:	
Commercial license endorsements:								
WORK SCHEDULE AVAILABILITY: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary								
Are you currently on "lay-off" status and subject to recall?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you willing to travel if the job requires it?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
HAVE YOU EVER WORKED FOR THE TOWN OF OWLS HEAD PREVIOUSLY?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please list date(s) and job title:								
DO YOU HAVE ANY RELATIVES EMPLOYED BY THE TOWN OF OWLS HEAD?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If you answered Yes, please list:								
Name:			Department:			Relationship:		
Name:			Department:			Relationship:		

EDUCATION

*Proof of education may be required upon hire.

ARE YOU A HIGH SCHOOL GRADUATE OR DO YOU HAVE A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO		HIGH SCHOOL NAME:	
		LOCATION:	
Name of School, College(s), or University:	Major:	Credit Hours:	Degrees:
NAME OF TRADE/TECHNICAL/OTHER SCHOOLS ATTENDED:		Course of Study:	Diploma:

Town of Owls Head is an equal opportunity employer.

List other licenses held (date & #), professional registrations (date), certificates and professional memberships:		
List Honors, Awards, & Fellowships:		
SKILLS OVERVIEW		
Are you competent with the use of fax machines, multi-line telephone systems, and filing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you competent with the use of email systems? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list computer software/programs with which you are competent:		
What is your approximate typing speed (words per minute)?		
Are you fluent in languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list additional languages:		
Please summarize relevant skills and experience that exemplify your qualifications for the position you are applying for:		
Tools and machines you can use and operate:		
Light or heavy motor vehicle equipment you can operate:		
Summarize volunteer services work, including dates:		
Summarize Leadership Roles:		
EMPLOYMENT HISTORY		
CURRENT OR MOST RECENT EMPLOYER:		
EMPLOYER ADDRESS:		
EMPLOYER PHONE NUMBER:		
EMPLOYMENT DATES: Start Date:		End Date:
JOB TITLE:		
WORK PERFORMED:		
SUPERVISOR'S NAME/TITLE:		CONTACT INFORMATION:

EMPLOYER:

EMPLOYER ADDRESS:

EMPLOYER PHONE NUMBER:

EMPLOYMENT DATES: Start Date:

End Date:

JOB TITLE:

WORK PERFORMED:

SUPERVISOR'S NAME/TITLE:

CONTACT INFORMATION:

REASON FOR LEAVING:

May we contact this employer if you are considered for this position? ☐ Yes ☐ No

EMPLOYER:

EMPLOYER ADDRESS:

EMPLOYER PHONE NUMBER:

EMPLOYMENT DATES: Start Date:

End Date:

JOB TITLE:

WORK PERFORMED:

SUPERVISOR'S NAME/TITLE:

CONTACT INFORMATION:

REASON FOR LEAVING:

May we contact this employer if you are considered for this position? ☐ Yes ☐ No

MILITARY SERVICE

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE U.S. ARMED FORCES?: ☐ Yes ☐ No

DATES SERVED: Start Date:

End Date:

BRANCH:

PRIMARY DUTIES:

REASON FOR LEAVING:

May we contact this employer if you are considered for this position? ☐ Yes ☐ No

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law or contract, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Town of Owls Head. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Owls Head.

Signature of Applicant

Today's Date

FOR SELECT BOARD USE ONLY

SCHEDULE INTERVIEW: ☐ Yes ☐ No

REMARKS:

INTERVIEWER:

DATE OF INTERVIEW:

EMPLOYED: ☐ Yes, ☐ No DATE OF EMPLOYMENT:

EMPLOYED BY (NAME/TITLE):

JOB TITLE:

DEPARTMENT:

HOURLY RATE/SALARY:

NOTES: